

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c)) --SMALL BUSINESS CONCERN

Docket Number (Optional):
28427/GM/ps

Applicant or Patentee: **Roberto OLIVA**

Application or Patent N°.: _____

Filing date or Issue date: _____

Title: **"SINGLE DOSE INHALER"**

hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN **LAMEPLAST S.P.A.**

ADDRESS OF SMALL BUSINESS CONCERN **Via G. Verga, 1-27**

41030 ROVERETO SULLA SECCHIA - NOVI - ITALY

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

☒ the specification filed herewith with title as listed above.

☐ the application identified above.

☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a non-profit organisation under 37 CFR 1.9(e).

Each person, concern or organisation having any rights in the invention is listed below:

☒ No such person, concern, or organisation exists.

☐ Each such person, concern or organisation is listed below: _____

Separate verified statements are required from each named person, concern or organisation having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

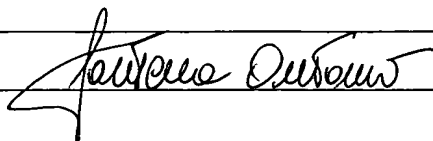
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: **Antonio FONTANA**

TITLE OF PERSON IF OTHER THAN OWNER: **MANAGING DIRECTOR**

ADDRESS OF PERSON SIGNING: **Via Due Ponti, 82 - 41012 CARPI - ITALY**

SIGNATURE: _____



DATE: **April 1, 2005**

Attorney's Docket No. 28427/GM/ps

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design

NOTE: if the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of at last three items.

- ☒ national stage of PCT
☐ supplemental

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP

- ☐ divisional
☐ continuation
☐ continuation-in-part

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted)

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SINGLE DOSE INHALER

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. _____
or ☐ Express Mail No. , as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter or encompassed in the statement of invention or claims. See 37 CFR 1.67.

- (c) ☒ was described and claimed in PCT International Application No. **PCT/IT03/000617**
filed on **October 13, 2003** and as amended under PCT Article 19 on _____
(if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56 (a).

☒ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
(e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER 37 USC 119
ITALY	MO2002A000297	October 16, 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WIPO	PCT/IT03/000617	October 13, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and Registration number)

Guido MODIANO (Reg. No. 19,928)
Albert JOSIF (Reg. No. 22,917)
Daniel J. O'BYRNE (Reg. No. 36,625)

(3)

SEND CORRESPONDENCE TO:

MODIANO & ASSOCIATI
Via Meravigli, 16
20123 MILANO - ITALY
EUROPE

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

MODIANO & ASSOCIATI
(+39) (02) 85.90.77.77

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of any patent issued thereon.

SIGNATURE(S)

1-50 Full name of sole or first inventor: X Roberto OLIVA
Inventor's signature: [Signature]
Date: April 1, 2005 Country of Citizenship: Italy
Residence: Via Mar di Barents, 2 - 41012 CARPI - ITALY ITX
Post Office Address: Same as Residence

Full name of second or joint inventor, if any: _____
Inventor's signature: _____
Date: _____ Country of Citizenship: _____
Residence: _____
Post Office Address: _____

Full name of third or joint inventor, if any: _____
Inventor's signature: _____
Date: _____ Country of Citizenship: _____
Residence: _____
Post Office Address: _____

*CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S) FORM A
PART OF THIS DECLARATION*

- ☐ Signature for third and subsequent joint inventors. Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____.
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.

* * *

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☐ Number of pages added _____.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

☒ This declaration ends with this page.